

215037891
60549

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 199	Agency Case No. B5-086112	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/16/2015		TIME OF ACCIDENT 2142	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2142	09/17/2015	
B	80	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 70th and Pine Lake Rd			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S 70th and Pine Lake Rd				
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F	1	VEHICLE NO. 1				
V1/N	2	DRIVER LICENSE NO.	H13688152	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/N	2	DRIVER GRACE E WUNDERLICH	PHONE 402-890-8446	LOCAL NO.		
G	4	DRIVER ADDRESS 8234 S 86TH ST, LINCOLN, NE 68526	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	01/08/1998	V1/1 18
H	2	OWNER HEATHER N Wunderlich	PHONE 402-432-7779	LOCAL NO.	11-14-1983	V1/2
V1/O	2	OWNER ADDRESS 1430 S 77TH ST, LINCOLN, NE 68506	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB475982	V1/3
V2/O	2	LICENSE PLATE PA NO. SKM672	YEAR 2016	STATE (Of Plate)	NE	V1/4
I	1	VEHICLE 2005	MAKE Honda	MODEL UAX	BODY STYLE 4 door Sedan	COLOR silver / chrome
V1/P	1	VEHICLE ID NO. (VIN) 2HGES26725H599343	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500	INSURANCE COMPANY Progressive	V1/5 18	
V2/P	1	TOWED TO	TOWED BY	POLICY NO. 51426885	V1/6 45	
J	01	VEHICLE NO. 2				
V1/Q	4	DRIVER LICENSE NO. G02052335	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	V2/1 18
V2/Q	4	DRIVER MARDE A STRIZEK	PHONE 402-421-6649	LOCAL NO.	V2/2 18	
K	02	DRIVER ADDRESS 7100 CEDAR CREEK CIR, LINCOLN, NE 68516	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	09/03/1958	V2/3 18
L	01	OWNER DANIEL J STRIZEK	PHONE 402-421-6649	LOCAL NO.	01-18-1956	V2/4 18
M	01	OWNER ADDRESS 7100 CEDAR CREEK CIR, LINCOLN, NE 68516	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	V2/5 18
N	01	LICENSE PLATE PA NO. STW742	YEAR 2015	STATE (Of Plate)	NE	V2/6 45
O	01	VEHICLE 2008	MAKE Chevrolet	MODEL IMT	BODY STYLE 4 door Sedan	COLOR red
P	01	VEHICLE ID NO. (VIN) 2G1WT58N981371620	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500	INSURANCE COMPANY Wadena Insurance	V2/7 18	
Q	01	TOWED TO	TOWED BY	POLICY NO. WAP2HVV	V2/8 45	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F

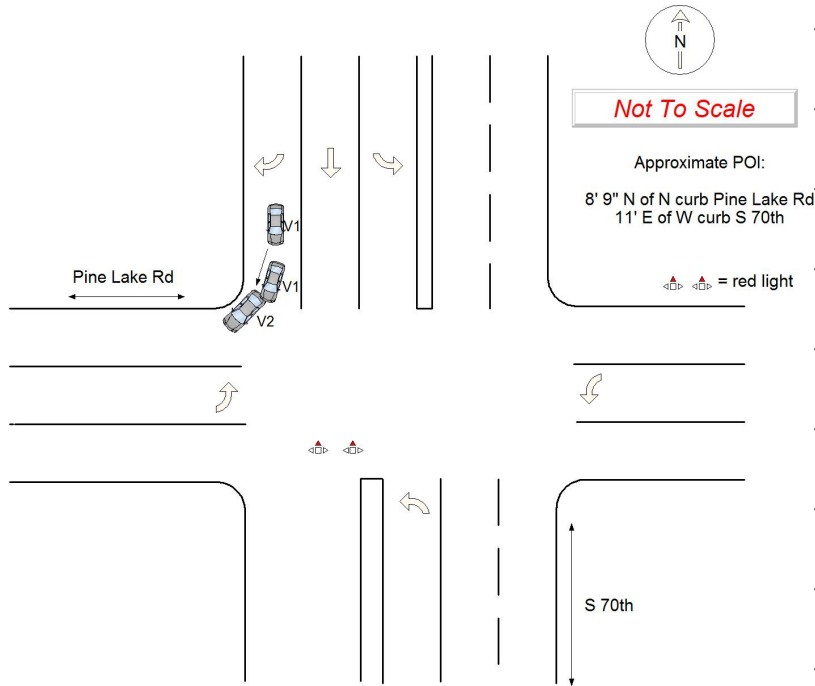
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086112



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 and D2 were stopped on S 70th at Pine Lake Rd. D1 was stopped behind D2. D1 said she was checking traffic before turning WB onto Pine Lake. D1 said she saw D2 start to pull forward so she too began to move forward. D1 said she was still checking traffic while moving forward and didn't realize D2 had stopped. D1 rear ended V2 with her vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2													
1		X			S 70th	POINT OF IMPACT	02	POINT OF IMPACT	06	<div> <div>4</div> <div>4</div> </div>				<div> <div>2</div> <div>2</div> </div>				<div> <div>VEH 1</div> <div>2</div> </div>			
2		X			S 70th	MOST DAMAGED AREA	02	MOST DAMAGED AREA	06	<div> <div>4</div> <div>4</div> </div>				<div> <div>2</div> <div>2</div> </div>				<div> <div>Driver No. 1</div> <div>Y</div> </div>			
1	05				06 Turning left	00 None	02	03	04	<div> <div>1 Deployed - front</div> <div>2 Deployed - side</div> <div>3 Deployed - both front/side</div> <div>4 Not deployed</div> <div>5 Not applicable/ No airbag available</div> <div>6 Unknown</div> </div>				<div> <div>1 None used - vehicle occupant</div> <div>2 Lap & shoulder belt used</div> <div>3 Shoulder belt only used</div> <div>4 Lap belt only used</div> <div>5 Child safety seat used</div> <div>6 Child booster seat used</div> <div>7 DOT approved helmet used</div> <div>8 Costume helmet used</div> <div>9 Restraint use unknown</div> </div>				<div> <div>ALCOHOL LEVEL TESTED</div> <div>Y</div> </div>			
2	05				08 Entering traffic lane	09 Top & windows				<div> <div>VEHICLE 2</div> <div>4</div> </div>				<div> <div>VEHICLE 2</div> <div>2</div> </div>				<div> <div>ALCOHOL/ DRUGS SUSPECTED</div> <div>1</div> </div>			
					01 Essentially straight ahead	09 Leaving traffic lane	01		05												
					02 Backing	10 Parked	02		03												
					03 Changing lanes	11 Slowing or stopped in traffic	03		04												
					04 Overtaking/ Passing	12 Other	04		05												
					05 Turning right	13 Unknown	05		06												

OFFICER NO. 1584	TROOP/ TEAM/ BEAT NE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Matthew Fisher		INVESTIGATOR SIGNATURE Approved by Officer Matthew Fisher	DATE OF REPORT 09/17/2015